

CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS



In accordance with the provisions of Idaho Code § 9-342, the undersigned requests a copy of their own workers' compensation claims from the records of the Idaho Industrial Commission, as described below. Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.



Requestor's Full Name:* _____
Other Names Used: _____
Social Security Number:* _____ - _____ - _____
Date(s) of Injury:* _____
I.C. Claim Number: _____ - _____
Mailing Address:* _____
Daytime Contact Phone #:* (____) _____

Records Requested:*

- ☐ Claims History Search for past 5-year period.
- ☐ Claims History Search for past ____ year period.
(Computer Claims History Search not available for periods prior to 1973.)
- ☐ A copy of the above noted claim file(s).
- ☐ A copy of all claim files identified in the above noted Claims History Search.
- ☐ A copy of other workers' compensation records (Specify):

- ☐ Rehabilitation records ☐ Adjudication records
- ☐ Other records (Describe): _____

- ☐ The undersigned requests that this information be provided directly to:
(name) _____ at:
(address) _____
_____,
acting as agent for requestor.

Requesting Individual's Signature:* _____
Date Signed:* _____

(* = Completion mandatory)

**SEND COMPLETED REQUEST TO: IDAHO
INDUSTRIAL COMMISSION, ATTN: RECORDS
MANAGEMENT, PO BOX 83720, BOISE, ID
83720-0041**